

insane not entitled to admission to state hospitals. Later, in 1924, a new service was inaugurated to provide medical and nursing care to individuals chronically ill requiring bedside attention from one year's end to the next.

Prior to the inception of this infirmary service there were no resident physicians at the Rancho and medical attention for the patients was received through the service of an intern assigned from the General Hospital. It was on such a service that Dr. P. Berman, the present medical superintendent of the Los Angeles County General Hospital, served a good portion of his internship.

Since 1924 the infirmary group has grown more rapidly than any other division of the Rancho, until today 1,050 of the total population of 2,910 are in infirmary beds. On the institutional staff there are 630 full-time civilian employees, of which 245, exclusive of the medical staff, are in the infirmary wards—the ratio of employees to patients being 1 to $4\frac{1}{2}$.

The medical staff to care for the entire institution consists of a chief resident physician, six resident physicians, a dentist, four consulting specialists in genitourinary diseases, psychiatry, eye, ear, nose, and throat, and x-ray. The graduate nurses total fifty.

CLINICAL NOTES AND CASE REPORTS

CHLORINATED OPERATING ROOM LINENS— A CAUSE OF PERITONEAL ADHESIONS

REPORT OF CASE

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A RECENT harrowing experience forcibly directed my attention to the absolute necessity for properly preparing operating room linens and, in particular, to the fact that all packs, towels, and lap sheets should be laundered separately from the general hospital wash, and that no bleaching solution should be used. Some hospitals re-use abdominal packs, send them to the general wash and have them bleached with the other linens. It is to this baneful practice that I wish to call attention through the following case report.

REPORT OF CASE

On September 11, 1931, I performed an abdominal section on a physician's wife, removed a subacutely inflamed appendix and explored the abdomen. While looking for a possible Meckel's diverticulum, a few loops of ileum were covered with a hot moist pack, and after the examination the abdomen was closed.

Following the operation, she did well for four days and then she began to complain of "gas" pains and three days later she began to eruct fluid. This eructation later developed into vomiting. Meanwhile enemas were effectual, but became less so daily, until on the tenth day she developed a complete obstruction.

On September 22 the abdomen was reopened through the original incision, only that the peritoneum was opened to the left to avoid adhesions. The omentum and the ileum were adherent to the original peritoneal incision by dense, well organized adhesions. These were freed. The terminal ileum, omentum, and transverse colon were matted together by a mass of well organized adhesions and one loop of ileum was doubly bent upon itself, causing the obstruction. After releasing the obstructing loop the abdomen was closed.

These adhesions were the heaviest that I have ever seen, and one of my colleagues remarked that they appeared as though five years old. I suggested that they looked as though they had been caused by iodine being poured into the peritoneal cavity.

COMMENT

After considering all possible sources of irritation that might have caused these adhesions we inquired about the laundering of the operating room linens, in particular the abdominal packs, and found that they had been washed in the hospital laundry along with the other hospital wash and that they had been bleached with the other wash. They were then sent up for sterilization. It was stated that this had been done only during the absence of the operating room nurse who was on vacation.

I examined a pack from the same source and found it to contain an abundance of free chlorine, by the silver nitrate, ammonia and nitric acid test. Evidently this free chlorine was the cause of the adhesions.

That this is a very serious state of affairs is evident, and I think all surgeons should check on their hospitals with the idea of correcting such practice, which must be very common and widespread and which may lead to medico-legal litigation.

Inquiry at several hospitals in this vicinity disclosed that most of them had their operating room linens done in the general hospital laundry and that bleaching chemicals were used; so it is not difficult to imagine why adhesions, obstructions, postoperative pain, etc., are so frequently found. It would be better to use only new packs.

CONCLUSIONS

Many hospitals are using chlorinated operating room linens.

They are a prolific source of intestinal adhesions.

Surgeons should check the methods of preparing packs, towels, and drapes.

A medico-legal question may very easily arise. Fox Theatre Building.

MESOTHELIOMA OF THE PLEURA*

REPORT OF CASE

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PRIMARY malignant tumors of the pleura have been described under various names, the most common one being "endothelioma." The considerations that have influenced a number of pathologists in preferring the term "mesothelioma" are discussed by Zeckewer,¹ Dubray,² and Rosson.

Instances of primary malignant neoplasms of the pleura are very rare. Lord³ states that there

* Read before the staff meeting of the Fresno County Hospital, May 6, 1932.